MATTISON (J.B.)

TRIPLE NARCOTIC ADDICTION.

OPIUM, ALCOHOL, COCAINE.

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By J. B. MATTISON, M.D.,

Member American Association for the Cure of Inebriety of the New York Neurological Society, and of the Medical Society of the County of Kings.

HOME FOR HABITUES, BROOKLYN, NEW YORK.

Read before the American Association for the Cure of Inebriety, Hartford, November 6, 1890.

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THE cases cited in this paper are of more than usual interest. Each tells its own story, and each has a moral that well adorns the tale.

Dr. A., married, aged thirty four years, weight two hundred and three pounds, in 1879, while acting as interne in a New York hospital, took, for a severe attack of urticaria, a morphine hypodermic. It cured the rash, but consigned him to an opium bondage of nearly ten years, and, later, sixteen months' triple serfdom to morphine, alcohol and cocaine.

At the time of coming under our care, Dr. A. was daily taking, hypodermically, ten to thirty grains of morphine, ten to sixty grains cocaine, and twelve to sixteen ounces of rum. He weighed one hundred and fifty-five pounds, having lost forty eight pounds. His heart and lungs were normal. The bowel torpor was marked—weekly dejections, and then only by enemas. He had occas onal attacks of nausea, vomiting and anorexia. There was loss of memory, and mental hebetude. His skin was pallid and sallow, and sweating at night was profuse. The renal secretion was



scanty; no other special feature noted. Sexual desire and power were almost nil.

Twenty eight months before coming to us, he succeeded, with the aid of a devoted mother and the writer's plan of treatment, in breaking his bonds. One year of freedom followed. Then, under the stress of business cares, he gave way, and his last state became worse than the first. His weight fell from two hundred and three pounds to one hundred and forty-seven. Despite a morphine increase to thirty grains per diem, he had insomnic bouts lasting forty-eight hours, followed by great nervousness, inco-ordination, and extreme mental depression. Delusions of persecution with homicidal tendings followed the cocaine using.

Dr. B., married, aged forty-six, weight one hundred and forty five, began morphine, hypodermically, in 1886, to relieve a long-standing neuralgia sequeling rectal fissure. His daily taking was usually ten grains, extremes four to sixty. One year ago he took a dose of cocaine, subcutaneously, for local anæsthesia, prior to lancing an abscess, and this opened the door to a new narcotic devil-reaching thirty five grains a day. During the last six months he daily took six ounces of rum.

The results were:

Brain.—Hallucinations and delusions, homicidal and suicidal, after large doses of cocaine, or upon its sudden withdrawal, during the last six months. Moderate aphasia during the past year.

Heart. - Action constantly quickened, never under one hundred and twenty during the past two years.

Lungs.—Moderate general bronchial catarrh.

Stomach.—Catarrhal dyspepsia, with pain, especially at night.

Bowels.—Torpid before cocaine; free, after.

Skin. - Moist, sallow, and pale.

Sexual.—Entire loss of power and desire for two years.

Renal.—Daily amount, thirty six ounces; albumen; no sugar; no casts; sp. gr., 1.036.

Soon after commencing cocaine, buccal mucous membrane became tender and painful, and, with the tongue, took on a peculiar reddish hue, which is thought to be characteristic of chronic cocaine poisoning—gums, tongue, and throat acquiring a condition said to be specific.

These gentlemen recovered. Dr. A. was under treatment six weeks; Dr. B. four. The writer's method—for details see *Therapeutic Gazette*, September, 1890, reprint at command—was used. There was nothing peculiar to their narcotic quitting and convalescence save that Dr. B. went through several storms of neuralgic pain, while Dr. A. had scarcely a twinge. Cannabis indica, Squibb's fluid extract, sixty minim doses, was the main hypnotic. Central galvanism, morning shower baths, and full feeding were the roborants with Dr. A. Liberal diet with coca and quinine served Dr. B. The former's appetite assumed very ample dimensions, and his avoirdupois increased at a rate of ten pounds per fortnight. The latter put on forty five pounds within three months after leaving.

Following our counsel, Dr. A. sailed for the Azores. Has lately returned, feeling well and weighing two hundred and four. He may abandon his profession.

Dr. B., at this writing, is on the ocean, and will not resume work before '91.

What of the future? Much depends. If either begins practice too soon, he will succumb. The strain will be too great, and narcotics, either as stimulant or soporific, will be in demand, to be filled by one or all of the former drugs. Dr. B. must have months for getting well; Dr. A. should have years. The importance of hygienic care and favorable surroundings, after active medical need is ended in these cases, cannot be overestimated, and they are absolutely essential to effect a lasting cure.





